PTO/SB/81 (01-06)
Approved for use through 12/31/2008. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	10/684,139-Conf. #1285
Filing Date	October 10, 2003
First Named Inventor	D.V.G.L.N. RAO
Title	OPTICAL FOURIER SYSTEMS AND METHODS FOR MEDICAL IMAGE PROCESSING
Art Unit	2624
Examiner Name	J. A. Patel
Attorney Docket No.	1823430.00123US2

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

[x] Practitioners associated with the Customer Number: 23483

OR

[ ] Practitioner(s) named below:

Name	Registration Number	Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

[x] The address associated with the above-mentioned Customer Number:

OR

[ ] The address associated with Customer Number:

OR

[ ] Firm or Individual Name

Address					
City		State		Zip	
Country		Telephone		Email	

I am the:

[ ] Applicant/Inventor.

[x] Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	Richard F. Antonak	Date	6/27/08
Name	Richard F. Antonak	Telephone	617-287-5608
Title and Company	Vice Provost for Research, University of Massachusetts		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

[ ] *Total of 1 forms are submitted.